

## HISTORY FACILITY PROFILE

LIFE CARE CTR OF BOUNTIFUL PROVIDER #: 465112 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 460 WEST 2600 SOUTH PHONE NUMBER: (801) 295-3135 TOTAL: 120  
 BOUNTIFUL UT 84010 PARTICIPATION DATE: 05/04/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/23/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 120
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TOTAL: 104	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 20	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 58		120
OTHER: 26		

CURRENT SURVEY REVISIT DATES - 05/16/2002

PRIOR 3 SURVEY 08/1998	S/S CODE	PRIOR 2 SURVEY 10/1999	S/S CODE	PRIOR 1 SURVEY 12/2000	S/S CODE	CURRENT SURVEY 03/23/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	D	X C	C	05/08/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	E	05/08/2002	REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
						X C	E	05/08/2002	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E			X C	E	05/08/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X P	B	05/08/2002	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D	X C	E	05/08/2002	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	E	X C	E	05/08/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	E	05/08/2002	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	E	05/08/2002	REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
						X C	E	05/08/2002	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
		X	E			X C	E	05/08/2002	REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
						X C	E	05/08/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	E	05/08/2002	REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
						X C	E	05/08/2002	REQ F0445-HANDLE LINENS TO PREVENT SPREAD OF INFECTION
				X	E	X C	D	05/08/2002	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

## EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 05/1998	85 NEW PRIOR 2 SURVEY 08/1999	85 NEW PRIOR 1 SURVEY 12/2000	85 NEW CURRENT SURVEY 03/20/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
X			X C	05/08/2002	K0044-HORIZONTAL EXIT
X					K0047-EXIT SIGNS
X					K0050-FIRE DRILLS
		X			K0054-SMOKE DETECTOR MAINTENANCE
		X			K0069-COOKING EQUIPMENT
			X C	05/08/2002	K0075-WASTEBASKETS
	X				K0076-MEDICAL GAS SYSTEM
X	X	X	X C	05/08/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	11	4	2	0
HEALTH TOTAL	11	4	2	0
LIFE SAFETY CODE	3	3	2	5
LIFE SAFETY CODE + HEALTH	14	7	4	5

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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11/28/2001	UNSUBSTANTIATED
01/31/2002	UNSUBSTANTIATED
03/23/2002	UNSUBSTANTIATED
08/22/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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03/22/2002	OBSERVATIONAL

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 \* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION